

GENITOURINARY MEDICINE

Editorial

On a new road

Starting as an editor is like walking on a snow covered glacier. You know you are standing on firm ground but the way ahead may be criss-crossed with hidden crevasses. The new team taking over *Genitourinary Medicine* have the departing editor, Adrian Mindel and the outgoing editorial board to thank for the firm ground on which they tread. In his seven years Adrian truly internationalised *Genitourinary Medicine*. In the five years up to October 1995, 445 papers were accepted for publication. 49.9% were from the UK and 20.9% from Western Europe. The USA, Australasia and Asia supplied 4.9%, 6.5% and 5.8% of the papers respectively. The quality of the papers have also improved. An impact factor of 1.05 for *Genitourinary Medicine* in 1991 rose to 1.41 and 1.14 in 1993 and 1994 respectively.

Adrian Mindel has initiated two projects which will appear in future issues. One is a series of 14 papers edited by Graham Nielsen on the public health aspects of sexually transmitted diseases (STD) control. The first article by Michael Adler appears in this issue. Forthcoming papers will include Mike Catchpole on the role of epidemiology and surveillance in the control of STD and JAR Van den Hoek on STD control in injecting drug users and street youth. The other project is a joint supplement by *Genitourinary Medicine*, *Sexually Transmitted Diseases* and the World Health Organisation on the syndromic management of STD that will be published under the editorship of Adrian Mindel. This may be a prototype for other co-operative ventures across the Atlantic.

Today

Genitourinary Medicine faces a challenge. There are more journals competing for publication and even more for readership. In addition to the three devoted to STDs there are over a dozen journals on HIV related subjects. Now that talking about sexual health issues is respectable in polite company more and more articles relating to STDs and sexual health are being attracted to the general medicine, gynaecology and infectious disease journals. Open any general medical publication and you are likely to encounter one or more articles on aspects of sexual health. Finally there is the regrettable but relentless peer pressure to publish or vanish. This leaves the interested reader, the weary eyed clinician, and the busy academic in a quandary. Gone are the days when the committed reader would read from cover to cover. Today's reader will scan the journal and pick one or two articles of interest. Unless specifically involved in a research project, rarely will they read a paper through. Most will read the abstract or even the conclusion of the abstract. They may look at a figure and occasionally scrutinise a table. What most of the clinical

readership want is a quick conducted critical tour of the recent advances which will affect their clinical practice or understanding of a disease process. For this purpose they look for a journal of opinion. Yet there are others who turn to the *Journal* for an update on their chosen field of interest or research. They want papers of high quality, with sound research protocol, advancing our knowledge significantly on a solid statistical base, published in journals with high ratings. The latter is becoming increasingly important since grant giving bodies now carefully scrutinise the citation and impact factor of journals before paying out. To these must be added the broadening of our speciality into laboratory based medicine and basic science, on the one hand, and the social sciences on the other. The range of people the *Journal* addresses broadens, or should broaden. And this requires a widening of the palate that makes up the pages of the *Journal*. Finally the obligations imposed by Continuing Medical Education (CME) is becoming costlier in time and money, and any help from any source must be welcome. *Genitourinary Medicine* should be sensitive to this need.

Then we must also face the technological revolution. This introduces many exciting possibilities and as many pitfalls. Many publications are entering the World Wide Web or appear in the press before peer review. This introduces the double danger of the unwary clinician being wrong-footed by the up to the minute patient and with untested data potentially influencing clinical practice. The technological revolution also increases the already high pressure for rapid publication.

Finally we must accept that as a journal being published for nearly three quarters of a century we have a loyal and dedicated audience to whose needs we must be sensitive.

Tomorrow

To answer these demands *Genitourinary Medicine* will undergo a number of changes. The cover has been changed to make browsing easier, and the titles divided according to subject matter. The page layout has also been modified to allow a quicker browse through the abstract, while those of our readers not admitting to failing sight may welcome the larger font size.

We are introducing the system of associate editorship with a devolution of responsibility. We have also greatly expanded the editorial board all of whom have agreed to be intimately involved with how the *Journal* develops. In order to be able to take a share of the often very high quality research undertaken in the US we have appointed Jonathan Zenilman as associate editor in epidemiology. The addition of Jorma Paavonen as associate editor is likely to increase European participation in the *Journal*.

A section with review articles commissioned from recognised experts will become a regular feature under the editorship of Anton Pozniak. We would also invite one or more editorials from experts commenting critically on recent important research appearing in *Genitourinary Medicine* or other journals. This might partially answer the update shortcut requested by many clinicians. A separate sections on basic science and laboratory based medicine will appear under the editorship of Thomas Schultz.

The great success of the Clinicopathological Conference (CPC) reports is undoubtedly owed to Rob Miller. We will continue to rely on his help but also draw on a wider range of contributors, including centres outside London. The CPC will inter-digitate with articles in which two or more contributors debate controversial clinical, ethical and service provision issues. Topics suggested are: prophylaxis for *Mycobacterium avium* complex in advanced HIV infection, routine antenatal HIV screening, how to advise asymptomatic HSV 2 antibody-positive patients, provision of hepatitis B vaccination to GUM attenders, opportunistic cytology of the under 20's attending GUM departments, and suitable alternative names for the speciality and its clinics. This section will be under the direction of Raj Patel.

Frances Cowan, who has a special interest in medical education, will co-ordinate the CME section. In due course, we hope to use the internet to have a more interactive educative programme with the readers. Chris Carne will continue to edit the correspondence which, in the past, have often in reality been short articles. We will introduce peer-reviewed short articles with a maximum of 1200 words, two tables and twelve references. In turn we will limit case reports to only those with a unique clinical interest, but would like to encourage short case reports (no more than 500 words) which highlight a particular clinical or management problem. Anyone with a case that almost became a "banana skin" might wish to pass on the lamp to their colleagues. There is much blank space to fill with useful, and entertaining, clinical and historical

vignettes. David Oriel has kindly agreed to a steady supply of the latter. We would welcome other contributions.

Chris Sonnex will continue to the Current Publications list where many young researchers have found a convenient place to begin their literature search. Under Richard Lau's tutelage we will augment these with a regular update of Web sites available on the internet for the interested GUM surfer as well as "ftp" sites where files could be downloaded. We will also commission summary reports from important international meetings and are discussing the question of printing selected abstracts from the MSSVD Spring Meeting.

Last year the mean times to rejection, acceptance and publication were 40, 102 and 247 days respectively. In a bid to speed up the process we are asking for articles to be sent to us on disk wherever possible. This year the *Journal* will go on the SPPP system which should allow for much faster publishing and retrieval of papers. But at the end of the day we depend on the dedicated hard work of our reviewers whose broad shoulders must now bear the extra load of the need to be on guard for fraud. For this reason we are asking authors to be prepared to submit raw data for inspection, if so requested.

We are stuck with a name which expresses inadequately what we are and is totally alien to a large section of our potential audience. We would be highly receptive to any suggestions. I am told librarians hate changing names. An incomprehensible or confusing name must surely be even worse.

No journal can survive without a regular readership. We are making these changes in the hope of meeting some of the needs of our current and hopefully future readership. As a new editor I turn to you for guidance, for articles, for constructive criticism and for support. I would like to see *Genitourinary Medicine* as not being edited by one person, but by a team responsive to the needs and changing interests of its readers, and critically sensitive to its role in promoting sound research in this globally important subject of sexual health.

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